

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**FILED OCT 13 1948**  
Registration District No. **6075**

Primary Registration District No. **6075**

Registrar's No. **318**

1. PLACE OF DEATH:

(a) County **St. Francois**  
(b) City or town **Farmington** **RURAL** **St. Francois**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Missouri State Hospital No. 42**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 yr. 2 mos. 4 das.**  
(Specify whether)  
In this community **1** years, months or days

3. (a) PRINT FULL NAME **JEROME (ROMEO) GARDNER**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Unknown**

6. (b) Name of husband or wife **Bertha Steele**

6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **April 5 1882**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66 6 0** Jr. min.

9. Birthplace **Summersville, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Common laborer**

11. Industry or business

12. Name **Unknown**

13. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hospital No. 4**

(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **10-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mountain View, Missouri**

18. (a) Signature of funeral director **Duncan Funeral Home**

(b) Address **Mountain View, Missouri**

19. (a) **10-7-48** (b) **Ether Rudloff**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shannon County**  
(c) City or town **Birch Tree**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Unknown**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **5**, year **1948** hour **2** minute **00** P. M.

21. I hereby certify that I attended the deceased from **October 4, 1948** to **October 5, 1948** that I last saw him alive on **October 5, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** **3 das.**

Due to  
Due to

Other conditions **Psychosis with C. N. S. Les.**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy **No autopsy**

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)  
While at work? (e) Means of injury

23. Signature **John B. ...** (M. D. or other)

Address **State Hosp. #4, Farmington** **10-6-48**

RECEIVED

District Health Officer No. 4

District File Number 1048-126

Date Filed 10-11-48

OCT 11 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Carl J. Miller*

Licensed Embalmer No. 3752

P. O. Address Farmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.